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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: VCT, INC. DOCUMENT NUMBER: P04000164736 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR Paci JR Firm/ Company 3335 N. STATE St. (US-1) BUNNELL, PC - 32110

City/ State and Zip Code Lemail address: (to be used for future annual report notification) For further information concerning this matter, please call: VICTOR Paci, JK at (386) YV5 - 9407

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

	of	
VCTIL	ıc.	
(Name of Corpo	ration as currently filed with the Flo	rida Dept. of State)
POYDOOL	64736	
	ocument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corp</i> e	oration adopts the following amendment(s) to
A. If amending name, enter the new name of th	ne corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	lnc," or "Co". A professional corp.	porated" or the abbreviation "Corp.," oration name must contain the word
B. Enter new principal office address, if applica	able:	
(Principal office address <u>MUST BE A STREET</u> A	ADDRESS )	•
	<del></del> ,	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
• •		
	<del> </del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		er the name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
	(r tortua street aaaress)	
New Registered Office Address:	(City)	, Florida
	(City)	(Σιρ Coat)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

12	ove, ana sauy si	mun, SV as an Aad.	
Example: X Change	<u>PT</u> <u>Jo</u>	<u>hn Doc</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	PRes	VICTOR Paci, SR.	99 ELIC DL.
Add			PALM COAST, PL.
X Remove		. `	32164
2) Change	<u>P</u>	Victor Paci, JR.	164 ULYSSES TRAIC
Add			PALM COAST, FL.
Remove 3) Change	5	Brooke Rene Paci	32164
🗶 Add			164 ULYSSES TRAIL PALM COAST, PC
Remove			PALM COAST, FC
4) Change			32164
Add			
Remove			
5) Change	•——-		
Add			
Remove			
6) Change			
Add			
Remove			

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	. ,
an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	ained in the amendment itself:
(if not applicable, indicate N/A)	
	•
	<del>-</del>

The date of each amendment(s) added this document was signed.	doption: 5/24/22	, if other than the
Effective date if applicable:	5/24/22	
Effective date in applicative.	5/24/22 (no more than 90 days after amendment file date,	)
Note: If the date inserted in this b document's effective date on the De	clock does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the am afficient for approval.	nendment(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ng statement nt(s);
-	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	5/24/22	
Signature		
(By a d selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	net been other court
	Victor Paci TR (Typed or printed name of person signing)	
	President	
	(Title of person signing)	